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## \*BIBDATASHEET\*

CONFIRMATION NO. 9392

Bib Data Sheet

SERIAL NUMBER 09/876,714	FILING DATE 06/07/2001  RULE	CLASS 345	GROUP ART UNIT 2173	ATTORNEY DOCKET NO. YOR9-2001- 0261US1 (8728-5)
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## APPLICANTS

Paul M. Dantzig, Scarsdale, NY; <sup>MR</sup>Robert Filepp, Westport, CT;  
Yew-Huey Liu, Yorktown Heights, NY;\*\* CONTINUING DATA \*\*\*\*\*<sup>MR</sup>\*\* FOREIGN APPLICATIONS \*\*\*\*\*<sup>MR</sup>

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>MR</i> Examiner's Signature	Initials <i>MR</i>		

## ADDRESS

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Suite 501  
1900 Hempstead Turnpike  
East Meadow, NY  
11554

## TITLE

System and method for generating and presenting multi-modal applications from intent-based markup scripts

FILING FEE  RECEIVED 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 9392

<b>SERIAL NUMBER</b> 09/876,714	<b>FILING DATE</b> 06/07/2001 <b>RULE</b>	<b>CLASS</b> 712	<b>GROUP ART UNIT</b> 2183	<b>ATTORNEY DOCKET NO.</b> YOR9-2001-0261US1 (8728-5)	
<b>APPLICANTS</b> Paul M. Dantzig, Scarsdale, NY; Robert Filepp, Westport, CT; Yew-Huey Liu, Yorktown Heights, NY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/08/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> F. CHAU & ASSOCIATES, LLP Suite 501 1900 Hempstead Turnpike East Meadow , NY 11554					
<b>TITLE</b> System and method for generating and presenting multi-modal applications from intent-based markup scripts					
<b>FILING FEE RECEIVED</b> 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		